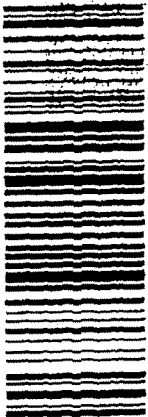


CERTIFIED MAIL™

7005 0390 0000 9047 6239

Gustavo Bermudez
11 Market St.
Fitchburg, MA 01420-8117

NIXIE

02 09/16/06 TF

2006 SEP 12 15
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

*1369-04142-15-40

BC: 22134147575

01420-8117-22134008

2213401475

7005 0390 0000 9047 6239

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark
Here

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the flap if space permits.

1. Article Addressed to:

AUG 10 10 05 AM '07
Gustavo Bermudez
11 Market St.
Fitchburg, MA 01420-8117



06-471937-001

7005 0390 0000 9047 6239

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT

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